



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Type or print)

Date _____

Town of Acton

Building Address _____ Permit # _____ FEE \$ _____

Owners Name : _____

NEW ☐

☐ REVOVATION

☐ REPLACEMENT

FIXTURES

P	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASHING MACHINE CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	FLOOR DRAINS	IRRIGATION SYSTEM	BACKFLOW PREV.		
SUB-BSMT																						
BASEMENT																						
1ST FLOOR																						
2ND FLOOR																						
3RD FLOOR																						
4TH FLOOR																						

(Type or print)

Installing Company Name _____

Address _____

Business Telephone _____ Name of Licensed Plumber or Gasfitter _____

Check One: Certificate

☐ Corp. _____

☐ Partner _____

☐ Firm/Co _____

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

Signature of owner/agent of property

☐ – Owner

☐ –Agent

☐ I have a current liability policy to include completed operations coverage.

Type of License

☐ – Plumber

☐ – Gasfitter

☐ – Master

☐ – Journeyman

**FOR INSPECTION CALL:
GARY COREY (978) 263-5595
HOURS 7:00 AM-9:00 AM**

Signature of Licensed Plumber or Gasfitter

License Number

OVER →

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
www.mass.gov/dia
600 Washington Street
Boston, MA 02111

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*
2. <input type="checkbox"/> I am sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.]† | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have Workers' comp. insurance.
5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, § 1 (4), and we have no employees. [No workers' comp insurance required.] |
|---|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building Addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information:

† Homeowners who submit this affidavit indicating that are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. License # _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25 A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Phone # _____

Official use only

Do not write in this area, to be completed by city or town official

City or town: TOWN OF ACTON

PLUMBING PERMIT APPLICATION

Contact Person: GARRY A. RHODES

Phone #: 978-264-9632